# Home Health Certification and Plan of Care

**Order ID: 1150/13207**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 94337156 | 10/16/2025 | From: 10/16/2025 To: 12/14/2025 | 18505 | 217058 |

**6. Patient's Name and Address**

Sharon Close
2420 E JOPPA RD,
PARKVILLE, MD 21234-
410-497-4244

**7. Provider's Name, Address and Telephone Number**

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

**8. DOB** 07/31/1947 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L03.115 | Cellulitis of right lower limb | 10/16/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I89.0 | Lymphedema not elsewhere classified | 10/16/25 |
| J44.89 | Other specified chronic obstructive pulmonary disease | 10/16/25 |
| J45.40 | Moderate persistent asthma uncomplicated | 10/16/25 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 10/16/25 |
| I50.22 | Chronic systolic (congestive) heart failure | 10/16/25 |
| N18.32 | Chronic kidney disease stage 3b | 10/16/25 |
| J96.11 | Chronic respiratory failure with hypoxia | 10/16/25 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 10/16/25 |
| F41.8 | Other specified anxiety disorders | 10/16/25 |
| M10.9 | Gout unspecified | 10/16/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 10/16/25 |
| M17.9 | Osteoarthritis of knee unspecified | 10/16/25 |
| E66.01 | Morbid (severe) obesity due to excess calories | 10/16/25 |
| Z79.01 | Long term (current) use of anticoagulants | 10/16/25 |
| Z99.81 | Dependence on supplemental oxygen | 10/16/25 |
| Z86.718 | Personal history of other venous thrombosis and embolism | 10/16/25 |
| Z86.711 | Personal history of pulmonary embolism | 10/16/25 |

**10. Medications: Dose/Frequency/Route (N)ew (C)hanged**

Oxygen - Oxygen 2 litres nasal cannula continuous on 2-3 L oxygen via nasal cannula
Budesonide - Budesonide 1 mg, Inhalation, take 2 inhalant twice a day
calcium carbonate 1,000 mg, Oral tablet, take 3 tablet by mouth three times a day
Folic Acid - Folic Acid 1 mg, Oral, take 1 tablet by mouth once a day
Proair Hfa - Albuterol Sulfate 108 (90 BASE) mcg /2 puffs, Inhalation inhalant every 6 hours
Singulair - Montelukast Sodium 10 mg oral tablet, take 1 tablet by mouth once a day
Colace - Docusate Sodium 100 mg, Oral tablet by mouth at bedtime
buPROPion (WELLBUTRIN SR) 100-200 mg,Oral,Take 2 tablet by mouth twice a day Take 200 mg in the morning, and 100 mg in the evening at 5 pm.
tamsulosin (FLOMAX) 0.4 mg oral tablet take 1 tablet by mouth once a day every evening
allopurinol (ZYLOPRIM) 100 mg oral tablet, Take 1 tablet by mouth once a day Taken 1x daily for Gout
pantoprazole (PROTONIX) 40 mg oral tablet ,take 1 tablet by mouth once a day Taken for Acid reflux mgt
traZODone (DESYREL) 150 mg oral tablet by mouth at bedtime Taken for depression
busPIRone (BUSPAR) 10-20 mg oral tablet, Take 3 tablet by mouth three times a day Taking 2x a day for anxiety
Remeron - Mirtazapine 15 mg 15mg oral tablet by mouth at bedtime Taking 1 1/2 tans daily for anxiety and depression
atenolol (TENORMIN) 25 mg Oral tablet, Take 1 tablet by mouth once a day Taking 1x daily for HTN
venlafaxine (EFFEXOR-XR) 150 mg oral tablet, take 1 tablet by mouth once a day Taking 1x daily for depression, anxiety
cholecalciferol (VITAMIN D) 2,000 Units,oral tablet, take 1 tablet by mouth once a day Daily supplement
B Complex Vitamins (VITAMIN B-COMPLEX) TABS Take 1 tablet oral by mouth once a day Daily Supplement
Lotrisone - Betamethasone Dipropionate: Clotrimazole 1- 0.05 % cream topical twice a day 1 Application, 2 times daily

**14. DME and Supplies:**

rolling walker, bath bench, walker, grab bars, commode, wound care supplies, oxygen supplies, cane

**15. Safety Measures:**

smoke detectors , , , ambulates with device, remove environmental barriers, ambulates with assistance, transfer with assist, , hand rails, activity supervision

**16. Nutrition:**

regular

**17. Allergies:**

sulfa antibiotics

**18.A. Functional Limitations**

Dyspnea With Minimal Exertion, Endurance

**18.B. Activities Permitted**

No Restrictions

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

**22.B.Discharge Plans**

family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Cellulitis Of Right Lower Limb, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

**Clinical Condition Requiring Homecare:**

The patient is a 78-year-old female, alert and oriented 3, residing in a single-family home with her husband, Mark. She presents with a history of severe anxiety and frequent panic episodes, reporting that she feels unable to control them and is uncertain of their cause. Since her recent hospital discharge, the patient has experienced recurrent night terrors, emotional distress, and increased depressive symptoms. She verbalizes profound feelings of hopelessness and despair, expressing statements such as "I don't see the need for living" and "I've been suffering in my body for a long time." Both the patient and her husband report that clonazepam previously provided relief from anxiety and improved her sleep; however, it was discontinued by her physician for unspecified reasons. Despite current use of multiple medications for anxiety and depression, she reports little to no therapeutic effect.  The patient and her husband express dissatisfaction with their current primary care provider, describing a perceived lack of attention to her needs. They also report a marked decrease in appetite, with the patient stating she "just doesn't feel hungry." Her husband confirms minimal food intake over several days. The patient reports irregular bowel movements but denies incontinence.  Upon arrival, the patient was visibly trembling and appeared to be in the midst of a panic episode. After several minutes of reassurance and therapeutic communication, she was able to calm down, though she remained intermittently tearful and anxious throughout the visit. She continues to use continuous oxygen at 2 L/min via nasal cannula, a regimen maintained for over a month. Vital signs were stable except for slightly elevated blood pressure (refer to chart for specific values).  Physically, the patient is morbidly obese with a significant past medical history including congestive heart failure (CHF), chronic kidney disease (CKD), asthma, chronic respiratory failure, cellulitis, and obstructive sleep apnea (OSA). She demonstrates easy fatigability, dyspnea on exertion, and

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles SN RN on 10/16/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Bruce Rosenberg
21 West Rd
Towson, MD 21204
PHONE: FAX: NPI: 1235295114

**26.** I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 10/14/2025

**27. Attending Physician's Signature and Date Signed** : Date of physician last face-to-face

**28.** Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Sharon Close<br>2420 E JOPPA RD,<br>PARKVILLE, MD 21234-<br>410-497-4244 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

limited mobility-able to ambulate approximately 20 feet at a time with the assistance of a rolling walker. The patient has been dependent on a walker for one year and reports progressive difficulty with ambulation and activities of daily living (ADLs) for the past six months. She also endorses bilateral tremors, disrupted sleep due to anxiety, and frequent crying spells, most recently occurring a week ago. She currently sleeps in a small rocking recliner in the living room, which does not adequately accommodate her body size and may be contributing to discomfort and poor rest.  The patient was provided education on energy conservation techniques, deep breathing exercises, and a gentle home exercise program to improve endurance and reduce dyspnea. Supportive counseling and therapeutic communication were utilized throughout the visit to address her anxiety and emotional distress. The plan of care includes continued skilled nursing and therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> to monitor physical and mental health status, reinforce medication adherence and coping strategies, and collaborate with her physician regarding medication management, particularly for anxiety and sleep. The patient was advised to report any worsening depressive thoughts or suicidal ideation immediately, and both patient and husband verbalized understanding of safety precautions and available support resources. <br> Date of Order 10/16/2025 Orders Physician Face-to-Face Date: 10/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Cellulitis Of Right Lower Limb Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: Chem 7 done on next visit PT Eval Notes: OT Eval Notes: <br> Physician Rosenberg, Bruce

## SN Careplans

SN WK1: 1 (10/16/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, weak pulses in feet, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, swelling in the arms/legs, swelling in legs/around eyes, coughing, abnormal bowel sounds, muscle weakness, limited range of motion, limited endurance, poor muscle tone, swelling of affected area, limited strength, difficulty sleeping, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, loss of appetite, obesity, bruising/discoloration, red/tender pressure points, swell/redness surround. skin, discolored patches of skin

PROCEDURES: Lab draw: Nurse to draw blood for Chem-7. On next visit. Specimen taken to Kaiser lab., Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose,

## SN Goals

PATIENT-STATED GOAL: None reported.

GOALS
patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

## PT Careplans

PT WK1: 1 (10/16/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: The medication was reviewed with the patient, Home exercises: SLR, LE ABD/ADD, LONG ARC AND HEEL RAISES--10X2 REPS , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

## PT Goals

PATIENT-STATED GOAL: The patient wants to walk and breath better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

## OT Careplans

OT WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: To be able to step out/ go out

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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